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ABSTRACT

Described is the Broward Community College program which offers practical continuing education courses, companionship, and social activities to mentally retarded young adults. The development of the program is reviewed with particular emphasis on the implementation of a curriculum for trainable mentally retarded (TMR) students. It is reported that the students are given instruction in both old skills that were lost through lack of use and/or reinforcement and new skills needed for survival. Several cases of TMR students are given to illustrate the need for individualized programs. It is explained that the future program will contain classes in leisure time activities, language development, community exploration, and prevocational and vocational skills. (SBH)

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U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

A COMMUNITY COLLEGE PROGRAM FOR ADULT TRAINABLES: IMPLEMENTATION.

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In the film, "Graduation," a Down's Syndrome teenager looks forward with eager expectancy to his graduation from high school and goes joyously through the preliminaries. At the actual ceremony, the school principal wishes the group of retarded graduates good luck in the future, but avoids all reference to what that future will hold. Subsequently, the young man finds that his opportunities are so limited as to make his future a round of empty days. The workshops in his community are overcrowded, his school friends are out of reach, and the few social activities he might attend are too far away. This situation is the rule rather than the exception. When retarded students finish their formal schooling, they hit a dead end.

Dr. Marc Gold, in his film, "Try Another Way," has shown that even profoundly retarded institutionalized adults can learn new and valuable skills, given the opportunity and the proper training. Why, then, are high-level retarded individuals excluded from educational facilities simply because the law no longer requires that they go to school? If you teach them, can they not learn?

I firmly believe that all of us continue learning until the day we die. Each new skill we learn builds upon skills and knowledge we have already acquired. This holds true for the retarded individual just as much as for the so-called "normal" person; the rate of skill acquisition differs, but the same principle applies.

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However, because retarded persons cannot acquire new skills easily and casually, their learning opportunities must be planned, organized, and directed by trained teachers. If we arbitrarily end formal educational programs for retarded individuals when they reach age 18 or 21, we are denying them the chance to fulfill their potentials and to fill their days. It is not only unfair; it is a waste. More than most people, retarded people need stimulation and reinforcement, so that they may maintain learned skills while pursuing new ones. The Broward Community College program for MR young adults offers them practical continuing education courses, companionship, and social activities, providing a rewarding present and a promising future.

The BCC program was founded in September of 1974 by Ben Meyer and Lucia Wood (deceased), under the auspices of the BCC Community Services Division. The "open Door" policy meant that anyone over 18, whatever the level of retardation, was admitted. During enrollment, either Mr. Meyer or Ms. Wood interviewed all the students individually to decide how thay would best fit into the program, but no attempt was made at that time to assign students, on the basis of discrete I.Q. levels, to one of the four non-credit courses being offered. The students' parents paid the regular fee of $16 per course.

Mr. Meyer and Ms. Wood each conducted two classes, which met for two hours every Monday and Wednesday night for ten weeks, in regular classrooms at the BCC main campus. Subjects offered were communication skills (two sections), taken by all of the forty original students, home management, and job orientation. In addition, students participated in supervised campus social activities,

including dances, concerts, and film showings. The program focused on everyday life and problems. Standard teaching techniques for the mentally retarded were adapted to the college environment; lectures were supplemented by the use of overhead projectors, films, and video tapes of students' classroom activities, e.g., role playing and group discussions.

The growth of the program was phenomenal. By the spring of 1976, an enrollment of approximately 140 was anticipated for the twenty sections to be taught in the fall by seventeen teachers. At that point, the need for dividing the students according to intellectual ability became obvious. It was then that Mr. Meyer invited me to set up a curriculum specifically designed for the TMR students. I accepted immediately, eager to attempt the practical application of some innovative concepts.

The uniqueness of the TMR program meant that I had to identify and then interpret many unknowns within the context of the community college environment before I could create and implement an appropriate curriculum. To begin with, Mr. Meyer could give me no accurate estimate of how large an enrollment I might expect, although he had had several requests from parents for a TMR program and knew of a number of students for whom the earlier program had seemed inappropriate.

The varied special education backgrounds of my prospective students consitituted another unpredictable factor. Some came from the local public schools, some from out-of-state schools, public and private. Others, previously institutionalized, now resided in group living homes. Quite a few, still living with

their parents, had had no contact with any formal program for many years. A further unknown was the type of activity, if any, in which the students engaged. The young adults employed in sheltered workshops had considerably different needs and abilities than did those who worked in competitive industry. Some were involved with sports, others with crafts or social activities. Several, like the boy in "Graduation," had been living in a complete vacuum.

Trying to allow for all these variables, I decided that my curriculum would have two primary foci--retrieving old skills, lost through lack of use and/or reinforcement, and teaching new skills needed for survival in an open adult society. In my original curriculum concept, leisure time activities had played the major role. I had planned to teach the students how to follow a football or baseball game, buy snacks or tickets to shows and special events, shop for food and clothing, and use public transportation. Teaching them these skills, however, was contingent on their having previously acquired certain basic information. When I discovered that they lacked this background, I realized that their immediate need was for survival skills; the ability to recognize signs saying "Rest Rooms," "Men," and "Women," to recognize and write their names, and to understand and handle money would have the greatest practical value.

For the first semester of the program, then, I established two basic core courses, which still constitute the heart of the curriculum. In "Reading and Writing for Survival," I taught the students to write their names, addresses, and telephone numbers, to recognize "protection words" such as "Danger," "Keep Out,"

"Walk," "Wait," "Up," and "Down," and to read "shopping words," e.g., "grocery," "laundry," "restaurant," "Sale," "cashier," and the names of food and clothing items. In "Math for Survival," students learned to count, to tell time, and to identify different denominations of coins and their equivalencies, e.g., two dimes and a nickel equal one quarter which is 25 cents.

In addition to revamping the subject matter, I had to modify my methodology. That first semester, I was the only teacher and my students came from all levels in the TMR range. At first, I simply divided them into groups of three or four, according to their actual abilities rather than their chronological ages or developmental potentials. I assigned a specific activity to each group, and moved among them to supervise their efforts and assist those who had difficulty coping with the assignment. I realized almost immediately that the students' wide range of backgrounds and abilities necessitated individualized curricula. Denise, for example, was incapable of distinguishing a circle from a square, while Peter and Alice could read on the second and third grade levels.

Denise had a severe curvature of the spine and was probably an arrested hydrocephalic. At 23, she still attended a public school and, living at home with her wealthy, concerned family, she was over-indulged and rather infantile. Her great eagerness to learn enabled me to work with her successfully, but she needed creative help.

With beginning students such as Denise, I used many tactile

teaching materials. I would lay a sheet of paper over a piece of heavy wire screen and draw a circle in crayon. The wire gave the shape on the paper a bumpy texture. Denise would trace the textured outline with the index finger of her dominant hand while I said, "Circle." She would then repeat the word as she continued to feel the shape. Once she had learned to associate sound and tactile sensation, I would draw the circle on the blackboard and repeat the process to develop the visual association. After Denise had acquired the concept of "circle," I used similar homemade materials to teach her how to identify and differentiate squares and triangles.

For the next step, I emphasized more sophisticated visual-perceptual materials and techniques whereby Denise could develop her discriminatory abilities. It took an entire semester, but Denise finally learned to recognize the written symbol for her name and even to form some of the letters. She also became more self-assertive and independent, and lost most of her babyish habits. Even in dress, she went from pre-teen garb to outfits suitable to her age, a change in which her mother cooperated enthusiastically.

Some of the "beginners" had even more complex and challenging problems. Gordon, a 40-year-old Down's Syndrome male, had lived with his elderly parents in almost complete isolation, and was extremely shy and withdrawn. He could write his name and identify letters symbolizing initial consonant sounds, but was unable to recognize any of the protection words. Apparently, when he had attended school 25 years before, someone had taught him the early steps in the developmental reading process, and he had retained

some of this knowledge even without reinforcement. When I used the combined tactile-auditory-visual approach with Gordon, he recaptured his early knowledge with amazing rapidity and progressed to the stage where he could read a large number of protection words. Socially, he began to relate well not only to me but to the other students, to the point where he was actually helping the beginners with their assignments.

I knew that Peter, also a Down's Syndrome man in his early twenties, could read, but I had no idea of his actual capabilities. On the first evening of the term, as I took the students from the bus stop across campus to our classroom, Peter spotted a large sign which read, "Swimming pool open. Free of charge to all students having BCC I.D. cards." He turned to me and said, "I think I'll go swimming this Sunday. I have a student I.D." Clearly, he could read at a fairly sophisticated level, his comprehension was rapid, and he could make logical connections. The assignments I had prepared were obviously too simple for him, so I put his ability to think abstractly to work. I gave him shopping lists and asked him to go through the newspaper advertisements, find out where each item could be bought at the lowest price, and determine how much money he would need to make all the purchases. One item produced an unexpected response; he informed me, "Two pounds of chicken is silly. They come bigger than that!"

Peter was "going steady" with Alice, a Down's Syndrome woman in her early twenties who lived at home, did all the laundry for a large family, and even sewed her own clothes on occasion. Her

reading level was somewhat higher than Peter's, but I gave them similar assignments and they usually worked together. Both were able to copy, in cursive writing, the notices I printed on the board. They made rapid academic progress, retrieving reading and math skills they had not used for years and learning to apply those skills in everyday situations.

Both Peter and Alice liked to function independently, which I encouraged by sending them on out-of-class errands. Their families had never permitted them to languish at home but had encouraged them to engage in any available activities. They participated in all family occasions and took advantage of whatever special events or situations the community afforded.

My students' unexpectedly high degree of social sophistication required a major adjustment in my attitude, which drastically affected my entire approach to teaching and altered my classroom techniques. All the teachers in the BCC programs have coped with the same problem; we have learned to view our students as the young adults they are, to accord them the respect their years deserve, and to instill in them a sense of dignity and decorum.

In order to help the TMR students develop socially acceptable behavior, I devoted class time to reinforcing any display of good manners which occurred in students' interrelationships and to discussing how they would be expected to behave in various social situations. Outside the classroom, I encouraged them to mingle with other students, to participate in campus dances, and to attend school sporting events. During such activities, they used their newly acquired knowledge of money in purchasing drinks and

snacks from stands and vending machines.

When the TMR program entered its second term, six of the 27 original students were promoted to the EMR classes. All six Down's Syndrome individuals could read and write at second grade level or above, had good reading comprehension, and were capable of using basic math skills, i.e., addition and subtraction, with a fair degree of accuracy and understanding. Socially, they could mix easily with the EMR students, their overall demeanor generally conformed to that of normal students, and their sense of independence was remarkable.

Some of the higher level students who remained with me asked why they hadn't been promoted and why the EMR's had so many more class subjects. I explained that they would stay with me only until they had mastered certain skills they would need in the more advanced classes, and they all understood and accepted this. During the next ten weeks, they frequently asked me if they were ready to move up, but I had no feeling of rejection; I knew they were simply eager to participate in the more varied EMR program.

Two of the original students had dropped out but new enrollments brought the group size to 21 again, ranging in age from 18 to 40 and with I.Q.'s of from 25 to 55. In addition to the Down's Syndrome and microcephalic students, we had several with brain damage and a number with birth defects. Another teacher joined me in the program, which helped in individualizing the curriculum. We divided the students into beginners and advanced groups; I taught reading and writing to both groups and Ms. Johnson taught

them math skills under my direction. We evaluated the students' individual needs and abilities informally, using teacher-made check sheets, because a full battery of formal tests would have taken up most of the class time for the entire term.

The beginners were still trying to master their names, addresses, and phone numbers, and the basic protection words, and I created for them individualized curricula in both reading and writing. David, handsome, blonde, in his early twenties, had suffered severe brain damage. He had worked as a dishwasher in a drug store; when he was laid off, he occupied himself with household tasks. Dependable and eager to learn, he would volunteer for errands and always followed through. He wanted to work and meet people; despite his intellectual limitations, he was very sophisticated socially, could converse on a high level, and was extremely popular with girls, even those who were his intellectual superiors. A supportive family had made him emotionally well-adjusted and given him pride, dignity, and self-possession.

His reading ability, however, constituted a definite challenge. He would apparently learn to recognize words, but would forget them by the next day. I backtracked and did some informal but informative tests, identifying his lack of visual perceptual skills, especially in fine discrimination. I then designed a developmental curriculum for David; using blocks to duplicate three-dimensional designs and, later, copying one-dimensional overlapping figures, he learned to discriminate among simple shapes and progressed to reproducing complex, detailed drawings. As his skill developed, his memory for written symbols improved and he retained the ability to recognize basic protection words for increasingly longer periods.

Two microcephalic black brothers, Richard, 18, and Everett, 16, showed decided differences in academic ability, in spite of the blood relationship and similar environmental backgrounds. Both had been in the same state institution but had been placed in different group living homes, and there seemed to be no family feeling between them. Everett had been in my public school primary TMR class while he was still in the institution and during the transition to the group living home, and was at a much higher intellectual level, especially in language usage and comprehension, than Richard. In addition, Everett's social awareness was greater; he had stopped having temper tantrums and using his rather large swearing vocabulary. Richard's oral language comprehension was poor and he tended to be non-conversational, although he mingled fairly freely with the other students from his group living home.

Richard was left-handed and had reversal problems; not only did he write in mirror images but he wasn't able to get the letters of his own name in proper sequence. I used the same tactile approach, the wire-screened letters, which had worked so well with Denise to eliminate the reversals, and various physical and paper excercises to teach Richard directionality, i.e., up, down, left, right, under, and over. Then, a beginners group auditory perception activity revealed that Richard's auditory discrimination was extraordinarily acute, so I had him repeat aloud each letter in sequence as he wrote it. He learned to write his name correctly in one hour.

During the first term, Everett's academic skills had greatly improved. He could copy from the board accurately and had learned all the necessary protection words. Since he could say and recognize

the letters of the alphabet, I started him on initial consonant sounds in preparation for the work with word families and linguistic readers in the higher level class. In addition to his academic enthusiasm, Everett was curious about other matters. He constantly questioned me about such things as how to arrange his hair in an Afro and how much a stereo would cost. The other students in the advanced group also expressed a deep interest in achieving reading and writing skills, although few of them matched Everett's pace.

Within the limits of their respective potentials, Richard and Everett made tremendous progress. Whether Richard will ever equal his brother's accomplishments is problematic, but both have already benefited greatly from the individualized curriculum approach which is the essence of the program.

With regard to math skills, I had discovered during the first term that the beginners group had not yet grasped basic number concepts, so Ms. Johnson concentrated on this problem, giving each student assignments appropriate to his or her level and rate of progress. Some of the students were still bogged down between one and ten. Ms. Johnson taught them basic number skills by using various three-dimensional objects as counters. The students learned to bridge the gap between the concrete object and the abstract concept. They also used a calendar to count days passing by, and Ms. Johnson helped them gain insight into the relationships between time and number concepts.

For the advanced group, Ms. Johnson used actual coins to

familiarize the students with handling money and to teach the values of the various coins and equivalencies, e.g., two dimes and a nickel have the same value as a quarter. Because the students frequently had occasion to make purchases from vending machines, involving different sums and combinations of coins, they had plenty of opportunities to put their classroom activities to practical use. The idea that a thirty-cent cold drink could be purchased with many different combinations of coins was particularly difficult for them to grasp, but most of them succeeded in making the necessary connections and proudly displayed their ability during break time. Ms. Johnson also used games and role-playing to improve their basic math skills.

In effect, the second term was a continuation of the first, but we had several added advantages. Since there were two of us, we could specialize as far as subject matter was concerned, establishing greater continuity and making the most of our respective skills. Furthermore, we had eliminated the unknown factors; we knew how many students we had, what their backgrounds were, and how far they had progressed in the two major subject areas. Most importantly, the students had become three-dimensional people, not just a mass of printed facts. I knew their strengths and weaknesses, their individual needs, academic and social, and the kind of behavior I could expect from each of them in any number of different situations. My 21 TMRs were no longer stereotypes but human beings with distinct personalities.

The future of the TMR program promises even greater success and satisfaction. Seven of the 21 students in the Spring, '77

class have already been promoted to the EMR program, where they will study advanced communication skills with a teacher trained specifically to work on these skills with learning disabled and mentally retarded individuals. More young adults will come into the TMR classes to receive the benefits of individualized materials and techniques. Unfortunately, no matter how well they are taught, many of the students will never progress beyond the TMR level, but their abilities and knowledge within that level can and will be broadened.

Next year's TMR curriculum will be expanded to include a number of classes in leisure-time activities, which should materially enhance the students' social adjustment processes. In the planning stages are classes in language development, community exploration, and pre-vocational and vocational skills. The TMR students at Broward Community College will continue to say, "Time goes so fast!" and "Do we have to leave already?" Comparing their situation with that of the young man in "Graduation" makes me realize what we have accomplished--and how much remains to be done.

Our program should ultimately function as a gateway to a rich, more rewarding life outside the confines of the classroom. Many of the students have the capacity to become self-supporting; for them, we must provide job training and a placement service, and follow up on their progress. They may need refresher courses to help in job maintenance; they can certainly benefit from more education in socially related areas. For those students unable to cope with full-time jobs, cooperative planning with their families

and the various county, state, and federal agencies, coordinated by a trained educator and administrator, will ensure that the students have opportunities to use their newly acquired skills and knowledge in their daily lives. Like all other human beings, retarded individuals can continue learning as long as they continue living. It is our job to give them that chance. Speaking from very personal experience, I can assert that the benefits thereby accruing to them are equaled by the benefits to society as a whole and the sense of accomplishment gained by everyone involved in helping the handicapped help themselves.